



Permit No:	
Bond Applied To:	
Bond No:	

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINED LAND RECLAMATION
P. O. DRAWER 900; BIG STONE GAP, VA 24219
TELEPHONE: (276) 523-8100

SURETY BOND RIDER

_____ **Increase** _____ **Decrease** **New Bond Amount: \$** _____

TO be attached to a form as part of Surety Company Bond No. _____
written by _____ **as SURETY**, on behalf
of _____ **as PRINCIPAL**, in the sum of
_____ (\$) _____ Dollars, in
favor of the **COMMONWEALTH of VIRGINIA, DIRECTOR, DIVISION OF MINED LAND
RECLAMATION** as **OBLIGEE** executed on _____ 20 _____

WHEREAS, the **OBLIGEE** issued to the **PRINCIPAL**, Permit Number _____ dated on
_____ pursuant to the application of the **PRINCIPAL**,

WHEREAS, said bond and rider shall cover any and all land affected or to be affected by the mining
operation under the above-mentioned permit and revisions and renewals since the date of the issuance of the
permit,

NOW, therefore, the amount of the bond is _____ increased by, _____ decreased by
_____ (\$) _____ Dollars to a total sum of
_____ (\$) _____ Dollars to cover the
additional/reduced cost of reclaiming all affected lands.

It is further agreed that all other terms and conditions of this bond shall remain unchanged.

SIGNED AND SEALED THIS _____ **DAY OF** _____ 20 _____

Permit No:	
Bond No:	

I. BY COMPANY/PRINCIPAL:	
_____ (SEAL) By: _____ Company /Principal	_____ Company/Principal Official Signature
_____ Title	_____ Date
Subscribed and sworn/affirmed to before me by _____	
this _____ day of _____ 20 _____, in the State of _____	
in the City/County of _____	
_____ Notary Public Name (printed or typed)	_____ Notary Public Signature (Seal)
My Commission expires _____ 20 _____	

II. BY SURETY: Attach copy bearing seal of Power of Attorney or documentation supporting Corporate Officer's authority to issue surety bond.	
_____ (SEAL) By: _____ Surety Name	_____ Attorney-in-Fact Signature
_____ Date	_____ Typed Name

Permit No:	
Bond No:	

**AFFIDAVIT AND ACKNOWLEDGEMENT OF ATTORNEY-IN-FACT
COMMONWEALTH OF VIRGINIA**

(or, alternatively, Commonwealth or State of _____

CITY/COUNTY OF _____, to wit:

I, the undersigned notary public, do certify that _____

personally appeared before me in the jurisdiction aforesaid and made oath that he/she is the

attorney-in-fact of _____

the Surety, that he/she is duly authorized to execute on its behalf the foregoing Bond pursuant to the attached Power of Attorney, and on behalf of said Surety acknowledged the aforesaid Bond(s) as its act and deed.

Given under my hand this _____ day of _____, 20 _____

Notary Public Name (printed or typed) **Notary Public Signature** (SEAL)

My Commission expires: _____, 20 _____

- III. BY ISSUING AGENT:**
- 1. Attach copy of Agency License and Appointment Card from the Virginia Bureau of Insurance.**
 - 2. Attach copy of Agent's License and Appointment Card from the Virginia Bureau of Insurance.**

Insurance Agency Issuing Surety Bond (provide the following information):

Agency name: _____
 Agency address: _____
 Authorized agent: _____
 Authorized agent address: _____
 Office telephone number: _____

IV. DIVISION APPROVAL:

ACCEPTED: _____ **Date:** _____
 Division of Mined Land Reclamation